



Solar Decathlon

Emergency Medical Release Form

Notice to all Participants

To avoid any unnecessary delay, we recommend that you fill out and sign this form prior to on-site Event Security ID pick up and registration (currently scheduled for September 13 - October 6th, 2011). Release of your Event Security ID is contingent upon receipt of this completed and signed form. This information is for use by Solar Decathlon Organizers and Event Staff only in the case of emergency. This record will be destroyed within one week of the conclusion of the 2011 Solar Decathlon. If you are a minor, you must have a parent or legal guardian sign this document in addition to yourself.

Name:				Male	Female
Date of Birth:	Month	Day	Year		
Address:					
City:		State/Country:		Zip/Postal Code:	
Medical Insurance Company:					
Phone #:			Policy #:		
Two People to Contact in Case of Emergency					
Name:					
Telephone:			Relationship to you:		
Name:					
Telephone:			Relationship to you:		
Medical Information					
Please list any medical conditions, medications used, or allergies (food, medicine, insect, etc. – use back of form if necessary):					
Date of Last Tetanus Shot:			Do you wear Contact Lenses?:		
Your Medical Doctor's Name and Telephone #:					
Do you have any religious beliefs or other issues that prohibit medical care? (Use back of form if necessary.)					
I authorize the Organizers and Event Staff of the Solar Decathlon, to release as necessary any and all information included in this form in the event such information is required for emergency treatment of injury or sickness. The undersigned (and parent/legal guardian, if applicable) understands and agrees that medical treatment and payment for medical treatment are his/her responsibility and that neither the Solar Decathlon officials/organizers, sponsors, nor any other party assumes responsibility for such treatment or payment for treatment.					
Signature:			Date:		
Signature of Parent or Legal Guardian required if participant is a minor:			Date:		

Fill out the form completely, use "none" if you do not have an insurance company or policy, or, for medical conditions if applicable, and use unknown if you do not know the date of your last tetanus shot.